

State: Arkansas **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Accelerated Benefits
Project Name/Number: Accelerated Benefits Rider/GMR-AB-SL

Filing at a Glance

Company: New York Life Insurance Company
Product Name: Group Accelerated Benefits
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 07/13/2012
SERFF Tr Num: NYLM-128546403
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GMR-AB-SL

Implementation: On Approval
Date Requested:
Author(s): Deborah Moffat
Reviewer(s): Linda Bird (primary)
Disposition Date: 07/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: New York Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Accelerated Benefits
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General Information

Project Name: Accelerated Benefits Rider Status of Filing in Domicile: Pending
Project Number: GMR-AB-SL Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Pending
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type: labor union
Overall Rate Impact: Filing Status Changed: 07/18/2012
State Status Changed: 07/18/2012
Created By: Deborah Moffat
Corresponding Filing Tracking Number:

Filing Description:
July 13, 2012

Jay Bradford
Commissioner of Insurance
ARKANSAS INSURANCE DEPARTMENT
LIFE & HEALTH DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Re: Filing Of Accelerated Benefits Rider
Policy Form: GMR-AB-SL-P
Certificate Form: GMR-AB-SL-C

FEIN No. 13-5582869
NAIC No. 66915

Dear Sir:

In accordance with Arkansas Regulation 27-79-109, we have enclosed for approval the above referenced Accelerated Benefits Rider forms. These forms are new and do not replace any forms previously found acceptable by your department nor do they contain any provision or clause currently disapproved by the Department. We respectfully request approval of these forms for delivery both in and out of Arkansas.

The rider will be used with our generally filed GMR-FACE, et al. forms that have been reviewed and approved by Arkansas on February 7, 1990.

The Accelerated Benefits Rider may be added to the Group Policy and Certificate by agreement between the group policyholder and New York Life. If included in the Group Policy, an eligible member of the group may apply for and receive an acceleration benefit on group term life insurance. The Rider will permit acceleration of a lump-sum portion of the death benefit to insureds who suffer from a critical health event.

SERFF Tracking #:	NYLM-128546403	State Tracking #:	Company Tracking #:	GMR-AB-SL
State:	Arkansas	Filing Company:	New York Life Insurance Company	
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other			
Product Name:	Group Accelerated Benefits			
Project Name/Number:	Accelerated Benefits Rider/GMR-AB-SL			

This rider will be made available to eligible groups in accordance with state law and marketed to eligible members and their spouses through direct mail marketing as well as other channels including email, web, and event marketing

As required, attached is a Readability Certification and actuarial memorandum.

We have also attached a Memorandum of Variability, which summarizes the intended use of the forms and provides an explanation of the illustrative and variable language. This language appears in the boxed areas of the forms.

The attached Rider reflects compliance with all applicable Arkansas regulations. The forms may be issued as shown, in typeset, in computer-emitted text, in photo-offset or in any combination of these means. Text will always be at least 10-point type.

Please note upon receiving approval for the subject filing, it is our intent to use the previously approved application forms GMA-EZ4 et al. with this plan. SERFF Tracking Number: NYLM-125481893: / Arkansas State Tracking Number: 38204 Disposition Date: 03/19/2008.

We would appreciate receiving your Department's acceptance of this form at your earliest convenience.

Sincerely,

Bruce E. Dreizen
 Corporate Vice President
 Bruce_E_Dreizen@newyorklife.com

Company and Contact

Filing Contact Information

Deborah Moffat, Contract Consultant	dmoffat@newyorklife.com
One Rockwood Road	914-846-3448 [Phone]
Sleepy Hollow, NY 10591	914-846-4389 [FAX]

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
51 Madison Avenue	Group Code: 826	Company Type:
New York, NY 10010	Group Name:	State ID Number:
(212) 576-5814 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per form according to Arkansas filing fee schedule
Per Company:	No

SERFF Tracking #: NYLM-128546403 **State Tracking #:** **Company Tracking #:** GMR-AB-SL

State: Arkansas **Filing Company:** New York Life Insurance Company

TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other

Product Name: Group Accelerated Benefits

Project Name/Number: Accelerated Benefits Rider/GMR-AB-SL

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$100.00	07/13/2012	60870527

SERFF Tracking #:	NYLM-128546403	State Tracking #:		Company Tracking #:	GMR-AB-SL
State:	Arkansas	Filing Company:	New York Life Insurance Company		
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other				
Product Name:	Group Accelerated Benefits				
Project Name/Number:	Accelerated Benefits Rider/GMR-AB-SL				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/18/2012	07/18/2012

SERFF Tracking #:	NYLM-128546403	State Tracking #:		Company Tracking #:	GMR-AB-SL
State:	Arkansas	Filing Company:			New York Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other				
Product Name:	Group Accelerated Benefits				
Project Name/Number:	Accelerated Benefits Rider/GMR-AB-SL				

Disposition

Disposition Date: 07/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Memorandum of Variable Material		Yes
Supporting Document	actuarial memorandum		No
Supporting Document	Illustration		Yes
Form	Group Accelerated Benefit Policy Rider		Yes
Form	Group Accelerated Benefit Certificate Rider		Yes

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other		
Product Name:	Group Accelerated Benefits		
Project Name/Number:	Accelerated Benefits Rider/GMR-AB-SL		

Form Schedule

Lead Form Number: GMR-AB-SL-P							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		GMR-AB-SL-P	POLA	Group Accelerated Benefit Policy Rider	Initial:	63.000	AcceleratedBenefit_Senior Life PolicyRider 6.25.12.pdf
2		GMR-AB-SL-C	CERA	Group Accelerated Benefit Certificate Rider	Initial:	63.000	AcceleratedBenefit_Senior Life CertificateRider 6.25.12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE POLICY RIDER
to be attached to and made a part of the Policy

POLICYHOLDER	THE ABC ASSOCIATION GROUP
EFFECTIVE DATE	JANUARY 1, 2006
POLICY NUMBER	G-00000-1 (the "Policy")
CONTRACT STATE	DELAWARE
RIDER NUMBER	1

By agreement between the Policyholder and New York Life this Rider is attached to, made a part of the Policy for which the Accelerated Benefit is approved and is subject to the terms and conditions of the Policy.

DISCLOSURE

**RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE.
THE OWNER MAY WANT TO SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.**

Accelerated Benefit

New York Life will pay an Accelerated Benefit to the OWNER if a COVERED PERSON suffers one or more of the following Qualifying Events:

QUALIFYING EVENTS:

- (1) **TERMINAL ILLNESS** means a condition where a COVERED PERSON has a life expectancy of 12 months or less.
- (2) **CHRONIC ILLNESS** means an illness: (a) with one or more of the following characteristics: permanency, residual disability, requires rehabilitation training, or requires a long period of supervision, observation or care; and (b) which a LICENSED HEALTH CARE PRACTITIONER certifies a COVERED PERSON is unable to perform any two of the following Activities of Daily Living for a continuous period of 180 days:
 - **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
 - **DRESSING:** the ability to put on and take off all necessary and appropriate items of clothing and medically necessary braces or artificial limbs usually worn; and to fasten and unfasten them.
 - **TOILETING:** the ability to do all of the following, with or without the aid of equipment: (a) get to and from the toilet; (b) get on and off the toilet; and (c) maintain a reasonable level of personal hygiene for the body.
 - **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.
 - **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
 - **CONTINENCE:** the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).

- (3) **PERMANENT CRITICAL CONDITION** means a medical condition for which a COVERED PERSON: (a) is certified by a LICENSED HEALTH CARE PRACTITIONER as having a severe COGNITIVE IMPAIRMENT; (b) is required to be continuously confined in a CONVALESCENT CARE FACILITY, HOSPICE, NURSING HOME or at home; (c) is required to be under substantial supervision to protect the COVERED PERSON from threats to health and safety due to such severe COGNITIVE IMPAIRMENT; and (d) is required to be under a plan of care prescribed by a LICENSED HEALTH CARE PRACTITIONER.

For the purposes of this Qualifying Event:

COGNITIVE IMPAIRMENT means a deficiency in a person's short – or long–term memory; orientation as to person, place and time; deductive or abstract reasoning, or judgment as it relates to safety awareness.

CONVALESCENT CARE FACILITY means a licensed institution which provides: (a) post-hospital care or rehabilitation services; (b) room and board; (c) 24-hour-a-day nursing service by registered professional nurses on duty or call, with at least one full-time nurse; and (d) a licensed physician or osteopath on duty or call. It may be a section of a hospital. CONVALESCENT CARE FACILITY does not include: a rest home; a place for care of the aged, alcoholics, mentally ill or drug addicts; and/or a place for custodial care.

HOSPICE means a facility providing a coordinated program of home and inpatient care for terminally ill patients. To qualify, the HOSPICE must meet the standards of the National Hospice Organization and the applicable state licensing requirements.

LICENSED HEALTH CARE PRACTITIONER means: licensed physician or osteopath; a registered professional nurse, or licensed social worker, who is operating within the scope of his or her license.

LICENSED HEALTH CARE PRACTITIONER does not include the COVERED PERSON or his or her: parent; guardian; spouse; brother; sister; natural, step, adopted or foster child; grandparent; in-law; or a person residing in the COVERED PERSON'S household.

NURSING HOME means an institution, or a distinct part of a hospital, that is primarily engaged in providing skilled nursing services for or custodial care to sick or injured inpatients, and which: (a) has continuous nursing service under the full-time supervision of a or a registered professional nurse; (b) has the services of a available under an established agreement; (c) has clinical records for all patients; and (d) is certified as a skilled nursing facility/Nursing Home by the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) and/or the Center for Medicare and Medicaid Services (“CMS”). NURSING HOME does not include a rest home, an assisted living facility or a place for care of the aged, alcoholics or drug addicts.

For the Accelerated Benefit to be paid for a Qualifying Event, New York Life must receive: (a) a completed, written request for the benefit on a form satisfactory to New York Life; and (2) satisfactory medical proof, in writing, that the COVERED PERSON has a Qualifying Event.

What Accelerated Benefit Is Payable Subject to the Maximum section below, the Accelerated Benefit payable is the applicable percentage stated in the following Table Of Accelerated Benefits of the Amount of Insurance in force on the COVERED PERSON'S life on the date New York Life approves the request for the Accelerated Benefit.

Who Will Be Paid The Accelerated Benefit will be paid to the OWNER, subject to the Beneficiary section of the Policy. A single payment will be made. The CONTRIBUTION will be reduced on a pro rata basis if an Accelerated Benefit is paid. Any Accelerated Benefit paid will reduce the Death Benefit payable

TABLE OF ACCELERATED BENEFITS

QUALIFYING EVENTS	PERCENTAGE OF AMOUNT OF INSURANCE*
TERMINAL ILLNESS	50%
CHRONIC ILLNESS	25%
PERMANENT CRITICAL CONDITION	25%

* Amount of Insurance means the amount under the Policy for which the Accelerated Benefit Rider applies as approved by New York Life.

Maximum No more than one Accelerated Benefit is payable for any one: (1) TERMINAL ILLNESS; (2) CHRONIC ILLNESS; or (3) PERMANENT CRITICAL CONDITION. Also, in order to have a minimum Death Benefit equal to 25% of the Amount of Insurance, no more than 75% of the Amount of Insurance is payable for Qualifying Events on each COVERED PERSON. New York Life will reduce the Percentage of Amount of Insurance applicable for a Qualifying Event to a Percentage that, when combined with any Accelerated Benefit paid to the COVERED PERSON, does not exceed 75% of the Amount of Insurance in effect on the COVERED PERSON.



Secretary



President



Countersignature

Accepted by:

Date _____

(Full or Corporate Name)

Witness _____

(Signature and Title)



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER

THE ABC ASSOCIATION GROUP

POLICY NUMBER

G-00000-1 (the "Policy")

CONTRACT STATE

DELAWARE

By agreement between the Policyholder and New York Life, this Group Certificate Rider is attached to and made a part of the Group Certificate issued to the COVERED PERSON. The Group Certificate Rider is effective on the later of (1) the Effective Date of the Group Certificate Rider; or (2) the COVERED PERSON'S INSURANCE DATE, provided the COVERED PERSON has elected and been approved by New York Life for the Accelerated Benefit coverage.

DISCLOSURE

RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE.

THE OWNER MAY WANT TO SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.

Accelerated Benefit

New York Life will pay an Accelerated Benefit to the OWNER if a COVERED PERSON suffers one or more of the following Qualifying Events:

QUALIFYING EVENTS:

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 - **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
 - **DRESSING:** the ability to put on and take off all necessary and appropriate items of clothing and medically necessary braces or artificial limbs usually worn; and to fasten and unfasten them.
 - **TOILETING:** the ability to do all of the following, with or without the aid of equipment: (a) get to and from the toilet; (b) get on and off the toilet; and (c) maintain a reasonable level of personal hygiene for the body.
 - **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.
 - **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
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LICENSED HEALTH CARE PRACTITIONER means: licensed physician or osteopath; a registered professional nurse, or licensed social worker, who is operating within the scope of his or her license.

LICENSED HEALTH CARE PRACTITIONER does not include the COVERED PERSON or his or her: parent; guardian; spouse; brother; sister; natural, step, adopted or foster child; grandparent; in-law; or a person residing in the COVERED PERSON'S household.

NURSING HOME means an institution, or a distinct part of a hospital, that is primarily engaged in providing skilled nursing services for or custodial care to sick or injured inpatients, and which: (a) has continuous nursing service under the full-time supervision of a or a registered professional nurse; (b) has the services of a available under an established agreement; (c) has clinical records for all patients; and (d) is certified as a skilled nursing facility/Nursing Home by the Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”) and/or the Center for Medicare and Medicaid Services (“CMS”). NURSING HOME does not include a rest home, an assisted living facility or a place for care of the aged, alcoholics or drug addicts.

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TABLE OF ACCELERATED BENEFITS

QUALIFYING EVENTS	PERCENTAGE OF AMOUNT OF INSURANCE*
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CHRONIC ILLNESS	25%
PERMANENT CRITICAL CONDITION	25%

* Amount of Insurance means the amount under the Policy for which the Accelerated Benefit Rider applies as approved by New York Life.

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Secretary



President

SERFF Tracking #:	NYLM-128546403	State Tracking #:		Company Tracking #:	GMR-AB-SL
State:	Arkansas	Filing Company:	New York Life Insurance Company		
TOI/Sub-TOI:	L04G Group Life - Term/L04G.500 Other				
Product Name:	Group Accelerated Benefits				
Project Name/Number:	Accelerated Benefits Rider/GMR-AB-SL				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Reading Ease Score.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	previously approved application SERFF Tracking Number: NYLM-125481893 State: Arkansas Filing Company: New York Life Insurance Company State Tracking Number: 38204 Disposition Date: 03/19/2008 Implementation Date: Status: Approved		

		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variable Material		
Comments:			
Attachment(s):			
Explanation of Variable 7.5.12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Illustration		
Comments:			
Attachment(s):			
Illustration.pdf			



New York Life Insurance Company
– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

Flesch Reading Ease Score

The policy rider and certificate rider are both written on our generally filed GMR-FACE et al. forms which have an aggregate Flesch Test score of +63.42.

Date: July 13, 2012

New York Life Insurance Company

Name of Company

A handwritten signature in cursive script that reads "Bruce E. Dreizen".

by: _____

Signature

Bruce E. Dreizen
Corporate Vice President

Name and Title of Person

**MEMORANDUM OF VARIABLE MATERIAL
For form(s)**

**GMR – AB – SL– P
GMR – AB – SL – C**

ACCELERATED BENEFIT RIDER

**NEW YORK LIFE INSURANCE COMPANY
July 5, 2012**

1. The format, punctuation and terminology shown for the most part as fixed text, represents our standard approach. However upon policyholder request, such format, punctuation and terminology may be modified.
2. Defined terms may be all capitalized or initial capitalized.
3. Variable material will be denoted as boxed.
4. The group policyholder name, Effective Date, Contract State, Rider Number and group policy number are illustrative and will be replaced by the actual group policyholder name, Effective Date, Contract State, Rider Number and group policy number.
5. Effective Date references may be replaced by Insurance Date or Policy Effective Date.
6. Covered Person references may be replaced by Insured Member or Insured Employee.
7. Owner references may be deleted or replaced by Insured Member.
8. The number of months for a Terminal Illness may be changed but will never be less than 12 months.
9. References to Contribution may be changed to Premium or Premium Rate or Rate.
10. References to New York Life may be replaced by "We", "Us", or "The Company".
11. Signature blocks will be changed as necessary.

TERM INSURANCE
ILLUSTRATION OF CERTIFICATE VALUES BEFORE AND AFTER ACCELERATION
****Estimate****

Certificate Number: _____

Group #: _____

Insured's Name: _____

A. Amount Currently Available for Accelerated Benefit as of:

Insurance Amount	\$ _____
Less Outstanding Policy Loan Amount	\$ _____
Subtotal	\$ _____
Portion Available for Acceleration	_____ %
Available Acceleration Amount	\$ _____

B. Current Balances as of: _____

<u>ACCELERATION</u>	<u>BEFORE ACCELERATION</u>	<u>AFTER</u>
Face Amount	\$ _____	\$ _____ *
Available for Acceleration	\$ _____	\$ _____ **
Outstanding Policy Loan	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____
Premiums (_____)	\$ _____	\$ _____
Cash Surrender Value	\$ _____	\$ _____

* On Decreasing Term Insurance the face amount will decrease based on the schedule in your certificate.

** Acceleration of Death Benefits allowable one time only.